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Bib Data Sheet

CONFIRMATION NO. 2141

SERIAL NUMBER 09/844,195	FILING DATE 04/27/2001 RULE	CLASS 705	GROUP ART UNIT 2166 3626	ATTORNEY DOCKET NO. P-9581.00	
APPLICANTS Gary A. Goetzke, St. Paul, MN; Thomas N.P. Johns, Minneapolis, MN; Malcolm E. Reid, St. Paul, MN; John W. Borg, Edina, MN; Angeline M. Carlson, Eden Prairie, MN;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/258,556 12/29/2000 <i>OK LN 9-7-05</i>					
** FOREIGN APPLICATIONS ***** <i>none LN 9-7-05</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/21/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Eric R. Waldkoetter</i> Acknowledged <i>LN</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
ADDRESS Eric R. Waldkoetter Medtronic, Inc., MS LC340 710 Medtronic Parkway Minneapolis, MN 55432-5604 <i># 27581</i>					
TITLE Chronic pain patient identification system					
FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		